## IRS TAX CHECK WAIVER

I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. This information will be used in connection with my appointment or employment by the United States Government. This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the Internal Revenue Service release the following information to:

District of Columbia Judicial Nomination Commission Attention: Executive Director 515 5<sup>th</sup> Street, N.W. Suite 235 - Building A Washington, D.C. 20001

- 1. Have I failed to file a Federal income tax return for any of the last three years for which filing of a return might have been required? (If the filing date without regard to extensions and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed.)
- 2. Were any of the returns in #1 filed more than 45 days after the due date for filing (determined with regard to any extensions(s) of time for filing)?
- 3. Have I failed to pay any tax, penalty or interest liability during the current or last three calendar years within 45 days of the date on which the IRS gave notice of the amount due and requested payments?
- 4. Am I now or have I ever been under investigation by the IRS for possible criminal offenses?
- 5. Has any civil penalty for fraud been assessed against me during the current or last three calendar years?

I authorize the IRS to release any additional relevant information necessary to respond to the questions above.

To help the II	RS find any tax records, I am voluntarily giving the following information:
MY NAME:	MY SSN:
	(Please Print or Type Last, First, Middle Initial)
CURRENT A	ADDRESS:

<u>TELEPHONE</u>	NUMBERS:	
(Home)		(Work)
	(Please i	nclude area codes for both)
IF MARRIED	AND FILED A JOINT F	RETURN:
Name of Spou	se:	Spouse's SSN:
NAMES AND ABOVE:)	ADDRESSES SHOWN	ON LAST THREE RETURNS (IF DIFFERENT FROM
<u>Year</u>	NAME(s)	<u>Address</u>
insufficient inc	come to meet filing requi	was not filed, please explain why. If there was rements or filing requirements were met by filing with a the Virgin Islands), please describe the circumstances.
Date:		Signature:
(Waiver invalid uby the IRS within	nless received 60 days of this date)	(Signature of taxpayer authorizing the disclosure of return information)